# JOINT MEDICAL EXECUTIVE SKILLS PROGRAM CORE CURRICULUM

Fourth Edition
January 2003

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# CORE CURRICULUM

Fourth Edition, January 2003

Prepared for:

**The Virtual Military Health Institute**

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# CORE CURRICULUM

## Contents

# PREFACE

# DEVELOPMENT OF THE JOINT MEDICAL EXECUTIVE SKILLS CORE CURRICULUM

The history of the Joint Medical Executive Skills Program (JMESP) Core Curriculum began in 1996 with the Service medical departments and the Office of the Assistant Secretary of Defense, Health Affairs (OASD/HA) when they jointly created a common core curriculum to assist in the individual development of the executive skills needed by medical treatment facility (MTF) commanders, lead agents, and lead agent staffs. They accomplished this task by identifying the behaviors one would expect of a highly qualified incumbent. Panels of subject matter experts (SMEs) working in conjunction with current and former MTF commanders, curriculum developers, and Service medical department points of contact structured the objective behaviors and documented them in the first edition.

The editions have evolved to meet the current state of affairs in the medical field to include homeland security issues. This edition was revised with the guidance and expertise of several participants in a two-day focus group seminar specifically meeting for the purpose of updating the core curriculum. See Appendix B for participant names.

These Executive Skills competencies are applicable to all members of the Services' medical departments. They are **required** prior to the assumption of duty as an MTF commander, TRICARE Lead Agent, managed care coordinator, or as a key member of a commander or lead agent's staff. In this document, the term "senior leader" is used to collectively describe those persons to which the Congressional direction for demonstration of these competencies applies. The term "HCMO" refers to DoD's collection of health care management organizations typically including MTFs and lead agents.

The 40 competencies are divided into eight groups or domains such that the competencies within each group are related. The following listing depicts the group name in bold with the associated competencies listed below.

- **Military Medical Readiness**
  Medical Doctrine
  Military Mission
  Joint and Combined Operations (formerly Joint Operations/Exercises)
  Total Force Management
  National Disaster Medical Systems Management
  Medical Readiness Training

Contingency Planning

- **General Management**
  Strategic Planning
  Organizational Design
  Decision Making
  Change and Innovation
  Leadership

- **Health Law/Policy**
  Public Law
  Medical Liability
  Medical Staff By-Laws
  Regulations
  External Accreditation

- **Health Resources Allocation and Management**
  Financial Management
  Human Resource Management
  Labor-Management Relations
  Materiel Management
  Facilities Management
  Information Management and Technology (changed from IM)

- **Ethics in the Health Care Environment**
  Ethical Decision-Making
  Personal and Professional Ethics
  Bioethics
  Organizational Ethics

- **Individual and Organizational Behavior**
  Individual Behavior
  Group Dynamics
  Conflict Management
  Communication
  Public Speaking
  Public and Media Relations

- **Clinical Understanding**
  Epidemiological Methods
  Clinical Investigation

Integrated Health Care Delivery Systems (changed from Alternative)

- **Performance Measurement and Improvement**
  Quality Management
  Quantitative Analysis
  Outcome Measurements
  Patient Safety (formerly clinical performance improvement)

Each competency is described or defined on subsequent pages. Then, the competency is further qualified by a listing of behaviors that persons possessing the competency should demonstrate. The behaviors are statements rather than objectives. At the Joint level it has been preferred to leave the definition of the two remaining elements of behavioral objectives, (i.e., the conditions and standards) to those who will construct courses and lesson plans to teach the relevant subject matter.

Appendix A provides a historical chronology regarding the development of the core curriculum and discusses the four editions and the major revisions in content that were brought by each edition.

Appendix B identifies the people who participated in the development of this Fourth Edition.

Appendix C describes VMHI efforts to build and deploy distance learning modules that teach the competencies. As program budgets allow, it is anticipated that additional modules will be made available on the web site at www.vmhi.org.

Appendix D describes a Navy initiative that lead to the identification of 15 competencies as collectively comprising the managed care executive skills within the MHS. The Joint Medical Executive Skills Oversight Committee approved those 15 competencies as the managed care executive skills at their January 2003 meeting.

# Medical Doctrine

Medical doctrine describes the fundamental principles by which medical forces guide their actions in support of military objectives. Medical doctrine provides a common perspective and requires judgment in application.

**Senior leaders must demonstrate the following medical doctrine behaviors at the expert level:**

1. Interprets and applies current military doctrine applicable to the HCMO.

2. Compares and contrasts Service-specific medical doctrine and strategies (e.g., Defense Planning Guidance, Medical Readiness Strategic Plan series, etc.) as they relate to the implementation of joint strategies.

3. Utilizes and contributes lessons learned to medical doctrine.

## Military Mission

The military mission establishes the relationship of the HCMO with the line.

**Senior leaders must demonstrate the following military mission behaviors at the expert level:**

1. Explains the Defense Planning Guidance and the role of the MHS in support of the National Security and Military Strategies.

2. Supports the combatant commander's mission, war-fighting operations, and mission essential tasks.

3. Summarizes and evaluates the relevancy of data and provides recommendations for force medical protection and sustainment.

4. In concert with line commanders, ensures medically ready forces.

5. Evaluates health services support for operational requirements (OPLAN missions).

## Joint and Combined Operations

Joint and Combined Operations require participation in realistic individual, collective, and unit medical readiness training to include joint and combined exercises or deployment.

**Senior leaders must demonstrate the following joint and combined operations behaviors at the application level:**

1. Understands and applies the Joint Training System and the development of joint and interoperable skills.

2. Ensures (demonstrates) assigned personnel maintain competency to deliver health care in joint and combined environments.

3. Directs, executes, evaluates, and modifies (demonstrates and applies) joint operations in accordance with joint and Service-specific operations and support plans.

4. Completes just in time training for combined operations.

5. Employs (applies) effective C4I.

## Total Force Management

Total Force Management includes doctrine and procedures regarding management of all military medical components. (revise this definition)

**Senior leaders must demonstrate the following total force management behaviors at the application level:**

1. Integrates Active and Reserve Components into HCMO operations.

2. Integrates Total Force Management into HCMO readiness and mobilization activities.

3. Explains mobilization and demobilization laws to assigned forces.

## National Disaster Medical Systems Management

The National Disaster Medical System (NDMS) is an inter-departmental national mutual aid system developed by Federal Departments and Agencies to provide for the medical needs of victims of major disasters, and to provide backup support for medical systems of the Departments of Defense and Veterans Affairs in caring for casualties from military conflicts. The Department of Health and Human Services serves as the lead Federal Agency for administering NDMS, and would coordinate NDMS operations in response to civil emergencies. The Department of Defense could activate and coordinate NDMS operations in support of military contingencies. (Source: DoDD 3025.10)

**Senior leaders must demonstrate the following National Disaster Medical Systems Management behaviors at the application level:**

1. Explains the relationship between the Department of Veterans Affairs and the HCMO.

2. Explains the interrelationships of the National Disaster Medical System and the Civil Military Cooperative Assistance Program with the HCMO.

3. Executes the concepts of Military Support to Civil Authorities* (MSCA) as required.

4. Plans, programs, and integrates the National Disaster Medical System and Civil Military Cooperative Assistance Program into HCMO readiness and mobilization exercises. (Includes coordination with the local community on credentials of medical and allied health professionals.)

* MSCA is defined by DoDD 3025.1 as: Those activities and measures taken by the DoD Components to foster mutual assistance and support between the Department of Defense and any civil government agency in planning or preparedness for, or in the application of resources for response to, the consequences of civil emergencies or attacks, including national security emergencies.

## Medical Readiness Training

Medical readiness training incorporates those courses, hands-on training programs, and exercises designed to develop, enhance, and maintain military medical skills. Military readiness training includes individual, collective, and unit training experiences required to ensure health care personnel and units are capable of performing operational missions.

**Senior leaders must demonstrate the following medical readiness training behaviors at the expert level:**

1. Plans, resources, directs, evaluates, and documents medical readiness training and exercises.

2. Applies current medical plans and doctrine.

3. Validates HCMO readiness reports.

## Contingency Planning

Contingency planning requires the preparation for delivery of medical services/care in emergencies involving military forces. Natural disasters, terrorists, subversives, or military operations may lead to these service requirements. Contingency planning includes readiness planning, organization, management, logistics, personnel, and patient care to meet operational and peacetime requirements.

**Senior leaders must demonstrate the following contingency planning behaviors at the application level:**

1. Applies joint and Service-specific contingency planning processes.

2. Directs the development and implementation of the HCMO plan for contingency responses.

3. Evaluates, takes corrective actions, and reports contingency plan execution.

4. Integrates managed care support contractors into HCMO contingency planning.

5. Incorporates DoD and Service chemical, biological, radiological, nuclear, and high explosive (CBRNE) policies in contingency plans.

## Strategic Planning

Strategic planning is the iterative organizational process for assessing the situation, establishing direction, developing, and executing HCMO strategic goals in support of mission requirements.

**Senior leaders must demonstrate the following strategic planning behaviors at the application level:**

1. Articulates and leads the strategic planning and management process and ensures alignment of departmental plans with the strategic plan.

2. Conducts situational analysis:
   - Clarifies the HCMO mandates, including its regulatory, political, competitive, technological, social, economic, and environmental issues
   - Conducts gap analysis in support of mission requirements
   - Initiates SWOT (strengths, weaknesses, opportunities, and threats) analysis to identify the opportunities and threats in the environment and strengths and weaknesses in the organization
   - Identifies critical success factors
   - Articulates and aligns HCMO mission and directional strategies with those of the enterprise.

3. Identifies, selects, implements, and assesses strategic alternatives:
   - Develops strategic alternatives based on the situational analysis
   - Outlines a series of actions toward achieving the organization's direction or overcoming stated obstacles to achievement of the direction
   - Assesses costs, benefits, risks, and value of each alternative
   - Assesses alternatives for strategic alignment.

4. Monitors and evaluates the strategic planning process including its execution and data quality.

5. Identifies and removes barriers to organizational achievements to advance the HCMO's strategic direction.

6. Integrates the strategic plan with the quality, financial, IT, and HR plans.

## Organizational Design

Organizational design is the configuration of the HCMO's design elements (i.e., people, organizational structure, tasks, technology, subsystems/processes, and mission/values) for efficiency and effectiveness.

**Senior leaders must demonstrate the following organizational design behaviors at the application level:**

1. Ensures the organization's basic design elements fit the environment and mission to optimize organizational performance.

2. Evaluates the consequences of selecting different design choices to achieve desired outcomes.

3. Supervises change management processes for transitioning the organizational structure and resources in accordance with the mission and vision.

# Decision Making

Decision making is the process of selecting courses of action from alternatives.

**Senior leaders must demonstrate the following decision making behaviors at the expert level:**

1. Defines and analyzes the need for a decision:
   - Understands the issue or problem
   - Determines the urgency of the situation
   - Identifies and evaluates alternatives.

2. Plans and approves course of action:
   - Selects a decision strategy appropriate to the situation
   - Establishes priorities.

3. Establishes consensus for and communicates the decision where appropriate.

4. Executes the decision consistent with the mission and strategic plan:
   - Delegates commensurate authority for the action
   - Communicates the decision
   - Provides guidance and resources
   - Monitors the decision implementation.

5. Evaluates the results:
   - Examines the decision process for effectiveness and efficiency
   - Assesses feedback and adjusts course of actions as necessary.

# Change and Innovation

Change and Innovation present opportunities to shape the future of the HCMO.

**Senior leaders must demonstrate the following change and innovation behaviors at the application level:**

**Change Management**

1. Recognizes types, states, and psychological aspects of change.

2. Diagnoses the HCMO situation from a systems perspective, decides what needs to be changed, and assesses the HCMO's readiness and ability to proactively embrace change.

3. Develops a strategy for change:
   - Communicates the need and the process for change
   - Creates and champions a shared vision of and a climate for change
   - Identifies change agents
   - Develops a transition structure to manage the change process
   - Anticipates and develops strategies to deal with resistance to change
   - Deals effectively with political dynamics of change
   - Establishes metrics for measuring change.

4. Implements change strategy:
   - Establishes a change management project and assigns a project manager
   - Provides tools, resources, and support to sustain the change effort
   - Markets the change strategy
   - Establishes an incentive system.

5. Monitors the change process, solicits feedback, evaluates progress, and makes adjustments as necessary.

**Innovation**

6. Creates a learning organization that supports innovation:
    - Seeks new ideas and encourages staff to be creative and inventive
    - Searches for information from a wide variety of sources and evaluates ideas on their merit rather than the status of the origin
    - Capitalizes on best practices
    - Takes calculated risks to consider new and untested approaches
    - Recognizes others for experimentation and risk taking
    - Provides resources to support new ideas
    - Treats innovation failures as opportunities for learning.

7. Accepts responsibility for failures and shares recognition for success.

# Leadership

Leadership is the art and science of influencing others to accomplish the mission. It requires a complex set of skills and values to work with and through others.

**Senior leaders must demonstrate the following leadership behaviors at the expert level:**

1. Behaves consistently with military core values.

2. Uses appropriate leadership and management techniques.

3. Demonstrates multiple leadership skills, traits, and behaviors such as:

    - Adopts appropriate stewardship, followership, and ambassadorship
    - Demonstrates exemplary personal and professional ethics
    - Creates shared vision
    - Empowers subordinates
    - Commits to personal development and life long learning
    - Is politically astute
    - Coaches and mentors
    - Models a healthy lifestyle
    - Manages individual and organizational stress
    - Balances competing priorities
    - Embraces diversity.

4. Adapts leadership roles and styles as appropriate to the situation.

5. Develops positive organizational climate, culture, and trust among members.

6. Builds teams and interdepartmental relationships.

## Public Law

For the HCMO, public law includes all laws that specify requirements in areas such as public health, patient consent/rights, and environmental standards.

**Senior leaders must demonstrate the following public law behaviors at the application level:**

1. Ensures HCMO compliance with all applicable Federal laws to include, but not limited to:
    - Freedom of Information Act
    - Privacy Act
    - Abortion Restriction Act
    - Hyde Amendment
    - Emergency Medical Treatment Act
    - Active Labor Act
    - Uniform Code of Military Justice (UCMJ)
    - Joint Ethics Regulation (much of which is statutory)
    - Anti-Deficiency Act
    - Procurement Integrity Act
    - Patient Self-Determination Act (see Health Care Ethics)
    - Americans with Disabilities Act
    - Handicapped Act
    - Rehabilitation Act
    - Food, Drug, and Cosmetics Act
    - Safe Medical Devices Act
    - Boxer Amendment
    - Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)
    - Medical research (humans and animals)
    - Contracting and procurement law

and, identifies violations, taking appropriate corrective action.

2. Ensures HCMO compliance with other laws, Federal, state, and/or local, related to:
    - Environmental health and safety
    - Anti-trust restrictions as well as safe harbors and safety zones
    - Technology transfer
    - Third party paid research

- Medical treatment of minors
- Reporting requirements (child, spouse, and elder abuse; medical examiner cases; gunshot and stab wounds; STDs and other infectious diseases; blindness; sexual assault; and animal bites)
- Animal and human subject research, including the restriction involving incompetents (10 USC 980)
- Medicare subvention
- Any Willing Provider
- Provider gag clauses

and, identifies violations, taking appropriate corrective action.

3. Identifies and takes appropriate actions concerning free speech and right to assemble.

4. Ensures HCMO compliance with international law affecting the military as follows:
   - Seeks legal counsel, as appropriate, regarding international law including Status of Forces Agreements, Host Nation Laws (e.g., death on foreign soil, transportation of bodies, autopsies, integration of local health care resources, health care reciprocity among US allies), and the extent of care to dependents in an international setting
   - Identifies violations of, and the commander's responsibilities under, the Law of Armed Conflict

and, takes appropriate corrective action.

# Medical Liability

Medical liability includes tort and criminal offenses that may incur risk to the health care facility or individual providers.

**Senior leaders must demonstrate the following medical liability behaviors at the application level:**

1. Identifies actions that may be covered (i.e., provide the care giver immunity) under:
   - The Federal Tort Claims Act (FTCA)
     - Types of actions, defenses, and damages
     - Personal immunity, right to representation, and requirement for cooperation
     - Administrative claims process and the use of expert medical reviews and/or reviewers
   - The Military Claims Act (MCA)
   - The Feres Doctrine
   - The Gonzalez Act
   - The Cobra Laws
   - Resource Sharing.

2. Identifies potential liability regarding participation in memoranda of agreement/understanding (MOA/MOU) and other agreements with medical facilities/universities.

3. Identifies situations requiring medical malpractice reporting under the Health Care Quality Improvement Act (DoD and Department of Health and Human Services (DHHS) MOU).

4. Identifies the basic rules regarding the confidentiality and handling of medical, quality assurance, risk management, and peer review records.

5. Identifies potential medical liability issues regarding:
   - Negligent selection, review and retention of providers
   - Vicarious liability and enterprise liability (e.g., managed care, wrongful acts of others, and utilization management)
   - Ostensible agency, and apparent authority

- Standards of care in:
  - Criminal background investigations
  - Staffing levels
  - Personnel training
  - Medical judgment
- Commitment of civilians.

6. Identifies circumstances that require the reporting of:
   - Child, elderly, and handicapped abuse
   - Medical examiner cases
   - Criminal behavior

7. Acts to prevent malpractice claims.

# Medical Staff By-Laws

Medical staff by-laws outline the conduct and privileges of the medical staff. The by-laws are typically developed and amended by the medical staff using Joint Commission on the Accreditation of Health Care Organization (JCAHO) requirements regarding medical staff governance.

**Senior leaders must demonstrate the following medical staff by-laws behaviors at the application level:**

1. Identifies command responsibilities concerning military, civilian, and contract medical staff in accordance with Service-specific guidance regarding:
   - Applicable accrediting bodies (e.g., JCAHO)
   - Credentialing and privileging process
   - Adverse privileging actions
   - Adverse reporting requirements
   - Criminal background investigations

2. Accomplishes National Practioner DataBank reporting.

3. Performs necessary adverse privileging actions ensuring due process.

## Regulations

Regulations, as a generic term, includes all Federal (including DoD), state, and local guidance that affects the operation of the HCMO.

**Senior leaders must demonstrate the following regulations behaviors at the application level:**

1. Identifies, interprets, and applies those directives and regulations necessary to operate a HCMO.

2. Explains changes in beneficiary entitlements or departmental policies that are implemented through OASD/HA or TMA memoranda or other directives including DoDD and DoDI.

3. Issues organizational procedures and policies that are necessary to implement regulations and other guidance when required.

4. Explains military needs regarding insurance coverage, and programs such as third party collection, CHAMPUS rules, resource sharing, and agreements for DoD/VA integration activities.

Note: Due to the previous edition's lack of specificity, the last focus group had a few members who wanted to delete the competency but they may not have considered the description that includes DoD documents (DoDD, DoDI, circulars, manuals, etc.), state, and local guidance – all of which have previously been stated as necessary for compliance (confirmed by the survey of 196 MTF commanders and 33 executives including all three SGS and their senior staff members). Research back to the original explanation of the competency indicates that the intention was similar to the above version.

## External Accreditation

External accreditation is an evaluative process performed by an accrediting organization that is an objective review of health care delivery practices within a health care facility. These accreditations are sought by medical facilities for various reasons, most important being the assurance to the facility seeking accreditation that it meets quality standards of patient care. Some of the more prominent accrediting organizations include the Joint Commission on the Accreditation of Health Care Organizations (JCAHO), Inspector General (IG), College of American Pathologists (CAP), and National Committee on Quality Assurance (NCQA).

**Senior leaders must demonstrate the following external accreditation behaviors at the application level:**

1. Determines when it is appropriate to seek external consultation or accreditation.

2. Ensures the HCMO is continuously prepared for an accreditation survey.

3. Directs appropriate follow-up actions to address survey findings.

## Financial Management

Financial management includes the use of analytical techniques to assure that adequate resources are available to meet the HCMO's mission. Financial management includes operating the HCMO in a managed care environment, maintaining financial records, controlling financial activities, identifying deviations (especially shortfalls) from planned performance, and strategic resourcing of the HCMO.

**Senior leaders must demonstrate the following financial management behaviors at the application level:**

1. Determines and coordinates the funding required for the strategic plan through the management of input to the Planning, Programming, Budgeting, and Execution System (PPBES) cycle (e.g., Five Year Defense Plan and the Program Objective Memorandum).

2. Differentiates among the types of funds available to the HCMO and their use.

3. Directs the evaluation of programs in the strategic plan to include risk and outcome evaluation.

4. Directs effective health care resourcing in a resource-constrained environment.

5. Directs the analysis of decisions to achieve most effective uses of constrained resources.

6. Safeguards funds and assets through statutory and administrative controls.

7. Recognizes appropriate and inappropriate actions regarding the attraction, acceptance, and disbursement of property offered to the government.

8. Promotes use of benchmarked metrics to monitor and enhance HCMO financial performance.

9. Maximizes the collection of second and third party payments to increase cash flow.

10. Seeks opportunities and methods to gain positive return on investment of resources and the application of funding opportunities, e.g. business case analysis.

## Human Resource Management

Human resource management includes the staffing, management, and retention of personnel.

**Senior leaders must demonstrate the following human resource management behaviors at the application level:**

1. Ensures compliance with regulatory and accrediting agencies.

2. Manages personnel strength:
   - Comprehends manpower authorization system and documents
   - Assesses current staffing level against projected requirements to determine needs
   - Directs appropriate actions to realign over-strength, fill shortages, or outsource
   - Monitors status of activities to resolve personnel staffing issues.

3. Ensures an effective selection process including interviewing and job placement

4. Reviews training status to determine priorities and resource accordingly:
   - Provides internal and external education and training to ensure competent staff
   - Provides mechanisms for staff to attain and maintain appropriate certification
   - Provides opportunities for initial orientation, recurrent training, and retraining
   - Provides opportunities for professional growth and development.

5. Directs performance management processes:
   - Emphasizes and sets quality standards for performance counseling, feedback, plans, and evaluations in personnel development
   - Establishes and maintains awards and recognition programs
   - Applies discipline in accordance with established procedures.

6. Ensures appropriate due process and disciplinary actions.

7. Establishes a command climate to maintain a high level of morale and job satisfaction to ensure retention.

## Labor-Management Relations

Labor-management relations are the interactions between HCMO management and civilian staff. They include collective bargaining, the ability to recognize and implement fair labor practices, deal effectively with union negotiators, and handle grievances productively.

**Senior leaders must demonstrate the following labor-management relations behaviors at the application level:**

1. Makes decisions based on a general understanding of employer and employee rights within the labor management relations framework (e.g., 5 USC, Part III, Subpart F, Chapter 71, Labor Management Relations).

2. Identifies negotiable versus non-negotiable issues at the federal, state, and local levels.

3. Seeks expert advice when appropriate in legal, labor relations, and union matters.

4. Ensures the use of appropriate channels and procedures to process grievances, Equal Employment Opportunity (EEO) complaints, unfair labor practice filings, and appeals of disciplinary actions.

5. Ensures adequate representation in installation-union negotiations affecting the HCMO.

6. Ensures consideration of consensual alternative conflict/dispute resolution procedures and interest based bargaining approaches in dispute resolution. (Note: Previously cited Executive Order 12871, *Labor-Management Partnerships,* was revoked by EO 13203, Feb 17, 2001).

## Materiel Management

Materiel management is the phase of medical logistics that includes managing, cataloging, requirements determination, procurement, distribution, maintenance, and disposal of supplies and equipment.

**Senior leaders must demonstrate the following materiel management behaviors at the application level:**

1. Adopts cost-effective methods that comply with current rules and regulations governing the procurement, distribution, maintenance, and disposal of supplies and equipment.

2. Ensures life-cycle equipment management practices (e.g., maintenance, sustainability, accountability, and effects on labor, re-supply, and outcomes).

3. Makes management decisions that reflect understanding of contracting rules and types of contracts.

4. Safeguards and ensures appropriate use of government supplies and equipment.

5. Ensures HCMO compliance with current rules and regulations governing the procurement, handling, and disposal of regulated hazardous and infectious materials and medically regulated waste.

6. Ensures HCMO compliance with JCAHO Environment of Care, regulatory requirements, and other standards governing medical equipment and supplies.

7. Ensures war reserve/contingency materials are mission ready.

## Facilities Management

Facilities management is the maintenance and upkeep of real property, such as a building, structure, or utility system. It includes ensuring compliance with regulations (Occupational Safety and Health Administration (OSHA), fire codes, and requirements for handicap access) and oversight of facility design and construction.

**Senior leaders must demonstrate the following facilities management behaviors at the application level:**

1. Ensures compliance with JCAHO Management of Environment of Care (to include Statement of Conditions) and other regulatory standards. **Note:** Includes the seven required plans.

2. Integrates physical plant and infrastructure needs (including space utilization, information management and information technology (IM/IT) and telecommunications systems) into the facility master plan and long-range financial plans.

3. Makes management decisions utilizing the facility budgeting process to include preventive maintenance, minor and major repairs, unspecified minor construction, renewal and military construction (MILCON) programs.

4. Ensures real property maintenance programs include proper accountability and demonstrated (documented) maintenance.

5. Makes decisions that are consistent with effective life-cycle facility maintenance and property accountability.

6. Incorporates appropriate housekeeping programs and plans.

7. Coordinates facilities requirements with base operations management

8. Assures adequate physical security with the coordination of the parking plan and handicapped access.

## Information Management and Technology

Information management includes the principles, methods, and techniques for collecting, analyzing, processing, and delivering information to support readiness and the business processes of the HCMO. Information technology includes

**Senior leaders must demonstrate the following information management and technology behaviors at the application level:**

1. Demonstrates basic computer competency

2. Directs the appropriate use of IM/IT throughout the HCMO to improve care and services, governance, management, support processes, outcomes, and readiness.

3. Uses information systems to support executive decision-making.

4. Enforces current MHS information management strategic principles.

5. Commits appropriate life-cycle resources to information systems.

6. Implements safeguards for information and information systems and complies with Health Insurance Portability and Accountability Act (HIPAA) policies and regulations

7. Ensures that IM planning and operations appropriately address privacy and confidentiality requirements (e.g., HIPAA).

Notes: IM and IT are defined by DoDD 8000.1, Feb 27, 2002, as:

Information Management – The planning, budgeting, manipulating, and controlling of information throughout its life cycle.

Information Technology – Any equipment or interconnected system or subsystem of equipment that is used in the automatic acquisition, storage, manipulation, management, movement, control, display, switching, interchange, transmission, or reception of data or information by the DoD component. For purposes of the preceding sentence, equipment is used by a DoD component if the equipment is used by the DoD component directly or is used by a contractor under a contract with the DoD component that (i) requires the use of such equipment, or (ii) requires the use, to a significant extent, of such equipment in the performance of a service

or the furnishing of a product. The term "information technology" includes computers, ancillary equipment, software, firmware and similar procedures, services (including support services), and related resources. Notwithstanding the above, the term "information technology" does not include any equipment that is acquired by a Federal contractor incidental to a Federal contract.

## Ethical Decision-Making

Ethics consists of the processes, structures, and social constructs by which the rightness or wrongness of actions is assessed. Ethical issues emerge from a complex environment of reciprocal, intersecting, and, occasionally conflicting rights, duties, expectations, values, and morals. Ethical dilemmas arise when there is a conflict between two legitimate, but mutually exclusive, demands. Ethical decision-making is the process of resolving such conflicts.

**Senior leaders must demonstrate the following ethical decision-making behaviors at the application level:**

1. Articulates an understanding of the origin and basis of rights and duties.

2. Acts consistently with an understanding of the discipline of ethics:

    - Categories of health care ethics (i.e., personal, professional, organizational, and bioethical)
    - Major ethical theories and generally accepted principles of medical ethics (autonomy, beneficence, nonmaleficence, justice)
    - Appropriate ethical decision-making methods.

## Personal and Professional Ethics

Personal ethics are bases on which individuals determine the rightness or wrongness of conduct; professional codes of ethics represent articulated group or association statements of the morality of the members of the profession with regard to their professional roles.

**Senior leaders must demonstrate the following personal and professional ethics behaviors at the expert level:**

1. Articulates the importance of a personal and of a professional code of ethics, including standards relating to academic integrity and research.

2. Compares and contrasts personal and professional ethics.

3. Identifies and effectively addresses ethical conflicts between personal values and professional ethical standards or codes.

4. Articulates the importance of, assures education relating to, and, in appropriate cases, seeks judicial enforcement of violations of the Joint Ethics Regulation, the Procurement Integrity Act, and other directives as indicated.

## Bioethics

The discipline of bioethics represents the application of normative ethics to the life sciences, including medicine and associated research. It includes clinical ethics, which is typically restricted to the recognition and resolution of ethical problems involved in the care of a single patient but is broader in scope, addressing the more general application of ethics through policy.

**Senior leaders must demonstrate the following bioethics behaviors at the knowledge level:**

1. Recognizes and constructively addresses, by application of an accepted ethical decision-making model, moral conflicts in the area of health care. Such dilemmas may occur in various settings to include the delivery of patient care, the pursuit of biomedical research, and the management and allocation of scarce resources.

2. Establishes a climate through counsel and sound policy for the resolution of conflicts in such areas as, but not limited to:
    - Medical readiness and operational medicine (e.g., deoxyribonucleic acid (DNA) testing
    - Informed decision-making, and patient rights and responsibilities
    - Patient-centered relationships
    - Confidentiality and privacy
    - Reproductive health (e.g., genetic screening, genetic therapy, infertility, family planning, abortion)
    - Enhancement therapies
    - Alternative therapies
    - Sexual health and function
    - Clinical research (e.g., volunteerism, especially vulnerable populations, differences between clinical and non-clinical research, animal care and use)
    - Pain management
    - Organ donation and transplantation
    - Recognition of the significance of personal religious and cultural beliefs on acceptance or refusal of medical care and treatment and willingness to donate organs or consent to autopsy
    - End of life (e.g., advance directives, refusal of care, futile care, palliative care, assisted suicide/euthanasia)
    - Other bioethical issues (e.g., sentinel events, restraints, conscious sedation).

## Organizational Ethics

Organizational ethics describes the structures and processes by which an organization ensures conduct appropriate to its mission and vision. It is typically formalized in a code which addresses such matters as marketing, admission, transfer, discharge, pricing and billing, and describes the ethical dimensions of the internal and external relationships the organization has with its staff, contractors, educational institutions, and payers.

**Senior leaders must demonstrate the following organizational ethics behaviors at the application level:**

1. Develops an organizational code of behavior that:
   - Incorporates leadership attributes and behaviors (see Leadership)
   - Meets the standards of accrediting organizations
   - Incorporates the organizational mission and vision.

2. Promotes a culture and climate that supports the organizational code of ethics by:
   - Creating an environment where ethical issues and diverse ethical views are freely discussed
   - Taking fair and impartial action when moral or ethical norms are violated
   - Rewarding positive examples of ethical behavior in difficult situations
   - Providing safe avenues for people to give feedback on the ethical atmosphere of the institution and its reputation in the community
   - Minimizing structural constraints that contribute to ethical conflicts.

3. Requires broad, continuing education be provided to staff on ethical issues and concerns.

4. Establishes a consultative process for ethical problem solving within the institution, providing professional staff and administrative support using a committee and/or a team or consultants to assist in making judgments requiring:
   - Consideration of personal moral beliefs
   - Consideration of personal rights and duties
   - Consideration of organizational obligations
   - Choices taking into account economic, legal, and ethical analysis
   - Determination of what is “acceptable,” “proper,” and “just” when trade-offs have to be made among competing values or principles.

## Individual Behavior

Individual behavior is the effect of the commander's behavior and personality on the HCMO.

**Senior leaders must demonstrate the following individual behaviors at the expert level:**

1. Displays personal conduct consistent with highest professional standards.

2. Commits to life-long learning and personal and professional development.

3. Projects command presence (e.g., engenders respect, has credibility, and is approachable).

4. Mentors and coaches others.

5. Recognizes the impact of his or her personality on others:
   - Conducts a self assessment (e.g., Myers-Briggs, benchmark)
   - Solicits feedback from others
   - Takes appropriate actions based on assessments.

6. Motivates others through:
   - Personal example
   - Acknowledgement of individual differences
   - Reinforcement
   - Recognition
   - Reward
   - Effective communication.

7. Identifies and considers multiple perspectives, or views, of the same issue.

8. Treats mistakes as opportunities for learning.

9. Projects emotional intelligence to others.

# Group Dynamics

Group dynamics is the interaction among members of a group. To facilitate effective group behavior, the commander may employ team building, empowerment, responsibility, and motivation.

**Senior leaders must demonstrate the following group dynamics behaviors at the application level:**

**As leader of the group:**

1. Defines and articulates goal(s), tasks(s), purpose(s), and parameters for group activities.

2. Establishes the roles and responsibilities of group members.

3. Fosters a group dynamic where people are sensitive to one another's needs and expressions and where people listen and respect others' opinions regardless of rank or status.

4. Employs group leadership style appropriate to the situation.

5. Selects decision-making techniques and problem solving approaches appropriate to the situation.

6. Monitors and assesses group process and performance and makes changes where needed.

**As designer or director of groups:**

1. Establishes clearly defined goal(s), purpose(s), and parameters for group activities.

2. Provides the necessary resources and authority to groups for mission accomplishment.

3. Develops an organizational climate in which groups can openly deliberate and report findings without fear of reprisal.

4. Monitors group progress, providing interim guidance and intervention as necessary.

5. Considers outcomes and directs actions as appropriate.

6. Recognizes efforts of group members.

**As a member of an external group:**

1. Exhibits commitment to the group and its mission.

2. Effectively represents the HCMO and advocates organizational interests as a part of the larger organization.

3. Balances HCMO goals with the goals of the group.

4. Recognizes influence of individual behavior on the group's functioning.

## Conflict Management

Conflict management involves the identification and use of techniques to effectively manage interpersonal, intra- and inter-group, and organizational conflicts. It requires impartiality, and use of negotiating and listening skills.

**Senior leaders must demonstrate the following conflict management behaviors at the application level:**

1. Accepts conflict as a result of human interaction. Treats conflict as an opportunity for learning.

2. Identifies sources of conflict (e.g., individual, group, organizational, or environmental).

3. Selects and uses strategies for managing conflict (e.g., avoidance, competing, collaboration, resolution) as the situation requires.

4. Effectively manages agreement including ensuring consensus.

5. Uses appropriate negotiating skills in inter-organizational activities (e.g., with higher headquarters).

# Communication

Communication occurs when the receiver understands the sender's intended message. Effective communication relies on formal and informal channels established between sender and receiver both internal and external to the HCMO.

**Senior leaders must demonstrate the following communication behaviors at the expert level:**

1. Makes choices of communication styles and media based on: task, message, and audience characteristics (internal and external); organizational constraints; managerial preferences and abilities; and normative influences.

2. Solicits and incorporates feedback, ideas, comments, and suggestions from others.

**Listening:**

1. Empathetically listens and draws out others' ideas, views and feelings.

2. Identifies the barriers, organizational and personal, to good listening and works to minimize them.

**Verbal Communication:** States clearly what is desired or expected and uses clarification techniques (e.g., metaphors or analogies) as needed.

**Written Communication:**

1. Organizes written information (including factual information and/or quantitative data as needed) into easy to read and understandable documents.

2. Coaches others on how to write effectively.

**Non-Verbal Communication:** Accurately interprets moods, feelings, and nonverbal behaviors.

## Public Speaking

Public speaking is the set of verbal and organizing skills that permits one to effectively communicate ideas and concepts to others. It involves the ability to speak to audiences of many types, such as military and dependent beneficiaries, hospital staff, professional groups, community organizations, and others.

**Senior leaders must demonstrate the following public speaking behaviors at the application level:**

1. Chooses language, content, and length appropriate for the audience and subject matter.

2. Selects presentation types (e.g., informational briefings, persuasive techniques, motivational techniques, question and answer sessions, or open forums) and prepares for the expected audience and facility.

3. Presents well-organized material (i.e., includes an introduction, purpose, the message or concepts, and a summary) and the message or concepts, if complex, are organized for the audience into a conceptual framework.

4. Elicits feedback from the audience to verify the extent and accuracy to which they assimilated the information being presented.

5. Seeks opportunities for honestly assessing and improving public speaking skills.

## Public and Media Relations

Public and media relations are the activities of shaping public opinion as the outcome of effectively delivering one's message in ways that cause it to be understood as intended.

**Senior leaders must demonstrate the following public and media relations behaviors at the application level:**

1. Leverages the capabilities of the Public Affairs Office (PAO) to achieve HCMO media objectives.

2. Coordinates with the PAO prior to significant organizational events.

3. Conducts an effective media interview or press conference (television, radio, print media) and controls the interview situation. For example:
   - Exercises rights as the interviewee
   - Practices what is important to say and gets that message across even if not asked
   - Contemplates the question and deliberates the response.

4. Leverages marketing principles into promotion of the HCMO.

## Epidemiological Methods

Epidemiology is the science that deals with the current prevalence and incidence of disease within a population. Epidemiological methods include medical surveillance, interventions, and risk communications as key aspects of force health protection.

**Senior leaders must demonstrate the following epidemiological methods behaviors at the application level:**

1. Employs epidemiological surveillance tools to ensure force health protection.

2. Evaluates effectiveness of HCMO prevention programs using epidemiological methods.

3. Incorporates population based disease incidence, disease/demand management, and occupational medicine into HCMO operations and resource planning. Includes population health* improvement as described in the DoD TRICARE Management Activity *Population Health Improvement Plan and Guide*, December, 2001.

4. Directs application of epidemiology principles:
   - Critically evaluates epidemiological evidence and recommendations
   - Distinguishes between association and causation
   - Distinguishes between statistical and practical significance (e.g., rates versus counts)
   - Distinguishes between experimental and observational studies
   - Initiates outbreak investigations as appropriate.

5. Enforces public health standards and infection control procedures to prevent and control disease transmission.

6. Consults as appropriate with consultative organizations (e.g., local, and national public health organizations such as the CDC and CHPPM).

* Population health is "the aggregate health outcome of health adjusted life expectancy (quantity and quality) of a group of individuals, in an economic framework that balances the relative marginal return from the multiple determinants of health" (Kindig, 1997). It is also commonplace to describe the health status of the community at large; or population.

## Clinical Investigation

Clinical investigation encompasses the acts surrounding the initiation, performance, completion, publication, and use of research. It requires compliance with multiple regulatory agency requirements, and federal, state, and local laws concerning the use of human and animal subjects.

**Senior leaders must demonstrate the following clinical investigation behaviors at the application level:**

1. Understands the capabilities of clinical investigations and provides guidance for prioritizing expenditure of resources.

2. Complies with federal, state, and local regulatory requirements such as:
   - Approved clinical investigations are appropriately resourced
   - Appropriate education for institutional review board members and those conducting clinical investigations
   - Proper oversight for clinical research relationships with industry.

3. Articulates on-going clinical investigation efforts to internal and external interests.

## Integrated Health Care Delivery Systems

Integrated health care systems provide health care options in diverse, delivery and finance systems (i.e., HMOs, PPOs, hospices, home health care organizations, and other community based health care delivery organizations).

**Senior leaders must demonstrate the following integrated health care delivery systems behaviors at the application level:**

1. Participates in the development and application of regional health service plans in a managed care environment.

3. Pursues resource sharing opportunities within established guidelines:
   - Identifies and evaluates alternative, partnerships, and joint ventures influencing inter- and intra-organizational collaborations
   - Identifies conditions under which collaborative relationships should be established
   - Develops memoranda of understanding for resource sharing.

3. Communicates the business of health care delivery to line commanders and the community.

4. Implements the principles of community based health care.

5. Markets MHS health care delivery system.

6. Develops memoranda of understanding for resource sharing.

## Quality Management

Quality Management (QM) encompasses the procedures that emphasize involvement, empowerment, and continuous performance improvement. It focuses on customer satisfaction, critical processes, statistical measurement, and analysis as the primary tools for organizing and interpreting data. Effective QM addresses systemic problems and deficiencies.

**Senior leaders must demonstrate the following quality management behaviors at the application level:**

1. Establishes a command climate that supports continuous performance improvement:
   - Fosters cooperation among all members
   - Empowers members
   - Encourages continuous learning and reengineering efforts
   - Involves key stakeholders (e.g., unions, contractors, line, community, lead agents, other agencies)
   - Recognizes and rewards participation.

2. Aligns QM process with strategic planning, operational plans, and emerging strategies by identifying key processes that are essential to organizational improvement.

3. Employs tools and techniques in support of fact-based decision making and process improvement.

4. Ensures continuous improvement.

5. Establishes an effective risk management and patient safety program.

## Quantitative Analysis

MHS quantitative analysis ensures that information is available for decision-making through the use of analytical tools and methodologies to collect, organize, arrange, analyze, interpret, and evaluate data.

**Senior leaders must demonstrate the following quantitative analysis behaviors at the knowledge level:**

1. Identifies process questions and prioritizes relevant data sets that portray, predict, and safeguard the viability of the HCMO.

2. Promotes use of benchmarking and normative data sets for the purpose of understanding local and regional system performance.

3. Accepts responsibility for the accuracy and completeness of source data.

4. Takes action to ensure accuracy of internal and external information published about the HCMO.

5. Ensures validity of information and appropriateness of quantitative tools.

6. Makes business decisions and solves problems based on results from quantitative and qualitative methods.

7. Interprets results from forecasting and analysis decision support, and modeling tools.

## Outcome Measurements

Outcome measurements permit the HCMO commander to make fact-based decisions.

**Senior leaders must demonstrate the following outcome measurements behaviors at the application level:**

1. Assesses HCMO performance and compares it against competitors and other industry standards using outcome measurements (e.g., patient satisfaction, patient perception of well being and technical quality).

2. Uses indicators that reflect outcome measurements (e.g., MTF Report Card).

3. Demonstrates an understanding of systems and outcomes in devising alternatives to the status quo.

4. Employs best business and practice guidelines to enhance HCMO performance.

5. Endorses and rewards clinicians' use of evidence-based medical practices.

## Patient Safety

Managing clinical performance is an ongoing, iterative process used to ensure the HCMO exploits opportunities for constant improvement. The effective program includes ongoing assessment of patient care, customer feedback, risk management, provider qualifications, utilization review, and the implementation of corrective and follow-up actions, where indicated. Patient safety involves all those activities to minimize the risk of medical error, including developing a program and establishing a command climate to proactively identify and reduce potential risks to patients. Patient safety concerns include sentinel events (e.g., transfusion deaths, wrong-site surgery, etc.) and other adverse events (e.g., medication errors, falls, etc.).

Senior leaders must demonstrate the following patient safety behaviors at the application level:

1. Directs effective processes for continuous assessment and improvement of patient care delivery (e.g., provider profiling, clinical pathways, and practice guidelines).

2. Implements processes to monitor and integrate customer feedback into organizational improvements.

3. Acts to identify actual and potential institutional risks (e.g., liability, complications, sentinel health events, safety mishaps, and medical negligence), protect resources, and minimize future risks.

4. Reviews credentials and awards clinical privileges appropriate for the institution based on consideration of qualifications, clinical competence, and performance (e.g., National Practitioner Data Bank).

5. Monitors practice patterns to ensure optimal utilization of clinical resources; effectively balances cost and quality issues.

6. Establishes an effective patient safety and risk management program.

7. Establishes a command climate that supports the identification and resolution of patient safety issues.

8. Employs tools and techniques to aid in risk analysis and reduction (e.g., Six-Sigma approach; failure mode and effects analysis, etc.)

9. Implements National Patient Safety Goals and JCAHO Patient Safety Standards.

10. Uses current strategies to reduce medication errors.

11. Establishes a partnership with patients and family members in efforts to improve patient safety and reduce medical errors.

Note: This competency was changed from Clinical Performance Improvement and content was added to reflect Patient Safety behaviors.

## Appendix A

## Historical Chronology of the JMESP Core Curriculum

In 1996, the Service medical departments and the Office of the Assistant Secretary of Defense, Health Affairs (OASD/HA) jointly formulated a core curriculum to assist in the individual development of the executive skills needed by medical treatment facility (MTF) commanders, lead agents, and lead agent staffs. They accomplished this task by identifying the behaviors one would expect of a highly qualified incumbent. Panels of subject matter experts (SME) working in conjunction with current and former MTF commanders, curriculum developers, and Service medical department points of contact structured the objective behaviors and documented them in the first edition of this report.

The first edition of the joint core curriculum was a key milestone in satisfying the 1992 Congressional mandate that MTF commanders must be able to "demonstrate the administrative skills" necessary to command MTFs. It also responded to the 1996 Congressional direction that the Secretary of Defense:

> ". . . implement a professional educational program to provide appropriate training in health care management and administration to each commander of a military medical treatment facility of the Department of Defense who is selected to serve as a lead agent."

The acronym "MTF" was changed to health care management organization (HCMO) throughout the core curriculum to reflect medical treatment facility and TRICARE lead agent responsibilities.

Each of the 40 executive skills competencies was described in the first edition of this document and the desired behavioral objectives were listed for each competency. Three panels, or focus groups, initially investigated the competencies. The final panel met in June 1996 investigating 22 competencies in a one-week session. It recommended re-grouping all 40 competencies – a particularly appropriate step given that the six competencies added after the 1994 MTF Commander Survey had not been assigned to groups. The last panel also recommended renaming and re-defining some competencies. The Joint Medical Executive Skills Development Group (JMESDG) at their 3 July 1996 meeting approved the resulting competency names, definitions, and groupings. Thus, the first edition of this core curriculum was established.

# TRANSITION TO THE SECOND EDITION

The JMESDG recognized that curricula require maintenance. They understood that the first edition was published before the Military Health System (MHS) had gained significant experience with TRICARE. Therefore, the JMESDG directed the Joint Medical Executive Skills Working Group (JMESWG) to undertake another review and update of the competencies that would result in the second edition of the core curriculum. Their guidance stipulated that the number of competencies should remain at 40 through the addition of behavioral content where necessary. This guidance expressed the need for stability in the number of competencies as other associated tasks (e.g., competency tracking systems) were being considered.

The JMESWG, augmented by a lead agent, another former MTF commander, and tri-Service SMEs, met at the AMEDD Executive Skills Technology Center (AESTC), Fort Sam Houston, Texas, 12-15 May 1998 to review and update the first edition of the Executive Skills Core Curriculum. The revised curriculum also responded to the original question: "What behavior(s) by a lead agent or MTF commander would you accept as evidence of demonstrated competency?" It included updated views on lead agency, TRICARE operations, and the MHS.

In addition to reviewing and revising the descriptions and behavioral content of the competencies, the participants also made judgements concerning competency grouping to reflect MHS emphasis. Their determinations for the most appropriate names and grouping of the competencies are documented below. The revised competency grouping was:

- **Military Medical Readiness**
  Medical Doctrine
  Military Mission
  Joint Operations/Exercises
  Total Force Management
  National Disaster Medical Systems Management/
  Department of Veterans Affairs Role
  Medical Readiness Training
  Contingency Planning

- **General Management**
  Strategic Planning
  Organizational Design
  Decision Making
  Change and Innovation
  Leadership

- **Health Law/Policy**

Public Law
Medical Liability
Medical Staff By-Laws
Regulations
External Accreditation

- **Health Resources Allocation and Management**
  Financial Management
  Human Resource Management
  Labor-Management Relations
  Materiel Management
  Facilities Management
  Information Management

- **Ethics in the Health Care Environment**
  Ethical Decision-Making
  Personal and Professional Ethics
  Bioethics
  Organizational Ethics

- **Individual and Organizational Behavior**
  Individual Behavior
  Group Dynamics
  Conflict Management
  Communication
  Public Speaking
  Public and Media Relations

- **Clinical Understanding**
  Epidemiological Methods
  Clinical Investigation
  Alternative Health Care Delivery Systems

- **Performance Measurement**
  Quality Management
  Quantitative Analysis
  Outcome Measurements
  Clinical Performance Improvement.

Finally, the academicians and SMEs agreed that a core curriculum should provide an indication of the proficiency level deemed necessary for each competency. The Second Edition

incorporated a modified version of Bloom's Taxonomy of Educational Objectives at three levels (familiarization, basic understanding, and full knowledge). The Second Edition taxonomy was limited to cognitive behaviors. Many of the skills expected of MHS leaders require synthesis, evaluation, and application of knowledge, not just understanding. Upon further analysis, the Virtual Military Health Institute (VMHI) concluded that the taxonomy should be improved to better represent the skill levels intended. This revision more fully expresses aspects of skills application and expertise that can be authoritatively displayed by one who is extensively well qualified.

## THE EXECUTIVE SKILLS CORE CURRICULUM –Third Edition

The Third Edition introduces a refined cognitive taxonomy for establishing knowledge levels and experience into the Core Curriculum. The taxonomy of the Second Edition dealt only with cognitive knowledge; while it helped call attention to different levels of knowledge required, it did not incorporate the role of experience. The Third Edition expanded the knowledge levels after Benjamin Bloom's *Taxonomy of Educational Objectives: Handbook I, The Cognitive Domain* (1956), a widely regarded definitive work. The Executive Skills Core Curriculum specifies performance behaviors, beyond possessing knowledge. The revised cognitive taxonomy incorporated knowledge and its application in performance of executive level skills expected of the MTF commander, lead agents and senior staff.

The taxonomy changes from the Second Edition to the Third Edition of the Core Curriculum were:

| Second Edition Taxonomy | | Third Edition Taxonomy |
|---|---|---|
| Familiarization | was changed to | Knowledge |
| Basic Understanding | was changed to | Application |
| Full Knowledge | was changed to | Expert |

The three levels of the revised taxonomy were established as follows:

- **Knowledge**

-- Facts: Cites findings; recalls pertinent names; identifies relevant facts; recalls and uses theories, events, and sequences; correctly uses area vocabulary

-- Comprehension: Discusses alternatives; solves problems; makes accurate decisions based on historical facts; has full command of area vocabulary, technical terms, concepts, and principles; explains area to others

-- Analysis: Examines elements; classifies examples into concepts and

principles; detects important facts and influences, and explains complex actions and relationships; tests hypotheses

-- Synthesis: Uses concepts and principles to select among alternatives; plans and brings together elements to create a comprehensive action or plan

-- Evaluation: Compares and judges alternatives and conflicting opinions; judges adequacy of others' recommendations, decision, and plans

- **Application**

-- Determines and applies appropriate knowledge, makes decisions and takes action
-- Solves problems independently
-- May not feel comfortable or confident acting completely independently in new situations
-- May rely on others for expertise and decides when consultation is necessary

- **Expert**

-- Becomes expert with experience in applying knowledge to situations
-- Takes independent action with complete confidence
-- Writes publication quality articles in fields of expertise
-- Interprets and judges the work of others.

The candidate for command must first learn the knowledge of each of the eight areas of the Core Curriculum. The levels of knowledge above are all necessary for command-level behaviors. It is not sufficient to learn a few facts and then attempt to perform the expected behaviors at the command level. Career counselors, curriculum designers, and the student all have a responsibility to see that prospective commanders have the knowledge required. The knowledge can be obtained from existing courses from both military and civilian sources. While applying the knowledge will likely begin in an academic setting, most application experiences will take place in job assignments. The level of the expert cannot be attained in an academic setting; there, one can only learn *about* being a commander. One must have the knowledge and then have applied the knowledge in a variety of real-life settings to become an expert. It is experience in performing that makes an expert.

## THE EXECUTIVE SKILLS CORE CURRICULUM –Fourth Edition

This Fourth Edition was revised with the assistance of the current and former MHS members listed at Appendix B. It specifically considered additions relating to readiness and homeland security issues, patient safety, and others.

Fourth Edition Core Curriculum Update Summary

In addition to minor word changes and small improvements in various places, this version:

- Revises National Disaster Medical Systems Management (page 8) to:
  - Update the definition IAW DODD 3025.10
  - Correct the language to Military Support to Civil Authorities (MSCA)
  - Defines MSCA

- Incorporates CBRNE into Contingency Planning (page 10)

- Reinforces the integration of plans into Strategic Planning (page 11)

- Adds needed specificity to Regulations (page 22)

- Updates Labor-Management Relations to current Executive Order status (p. 26)

- Adds content to Facilities Management for physical security (page 28)

- Updates Information Management & Technology IAW current definitions (p. 29)

- Updates Epidemiological Methods with population health emphasis (page 42)

- Renames Clinical Performance Improvement to Patient Safety (page 48) and fleshes out the content

In a nutshell, it represents the group's effort to keep the core curriculum in step with the times.

## Appendix B

## Participants in the Revision of the Fourth Edition

| | |
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## Appendix C

## Distance Learning Modules that Teach Executive Skills Competencies

The VMHI has developed a series of distance learning (DL) modules that present information regarding the competencies. At present ten modules representing five competencies have been completed on the following subjects.

- Labor Relations
- Outcome Measurements
- External Accreditation
- Facilities Management
- Public Law

An additional ten modules on the following competencies are under development. At present development has progressed beyond the identification of objectives for each of the modules that will be developed.

- Medical Liability
- Quality Management and Patient Safety
- Human Resource Management
- Leadership
- Change Management and Innovation
- Knowledge Management/Information Management

Please visit www.vmhi.org and follow the thread to distance learning to find these DL modules. Modules under development, and potentially others, will be opened to the public as soon as they are completed. We sincerely hope the modules are useful and we encourage your feedback to the VMHI Chief Learning Officer, Dr. Rosemary Durica, rosemary.durica@amedd.army.mil.

## Appendix D

## Executive Skills Competencies Comprising Managed Care

Prior to the Fourth edition review and validation of the Core Curriculum, senior leaders at the TRICARE Management Activity voiced concern that there was no managed care competency among the 40 executive skills. This is because managed care is not one skill but a set of skills crossing several of the eight competency groups. The Navy recognized this and identified 15 of the competencies as critical to managed care executives. Naval officers who have achieved the required competency level of these specific skills and who have had at least one year of experience in a managed care billet are awarded a special AQD identifier. This system seems to serve the Navy well in their selection of officers for certain positions, and the Joint Medical Executive Skills Working Group and Oversight Committee motioned to adopt these as the MHS managed care executive skills. The 15 managed care related competencies are:

Organizational Design
Public Law
Medical Staff By-Laws
Regulations
External Accreditation
Financial Management
Information Management
Ethical Decision Making
Personal and Professional Ethics
Organizational Ethics
Epidemiological Methods
Integrated Health Care Delivery Systems (formerly Alternative HCD Systems)
Quality Management
Outcomes Measurement
Patient Safety (formerly Clinical Performance Improvement).